									Application or Docket Number						
	PATENT	RD 101728150													
			ive Octob						L_{i}	200	<i>7</i> <i>7</i>				
		CLAIMS AS	S FILED - (Column			mn 2)		SMALL TYPE	EN	ΙΤΙΤΥ □	OR	OTHER SMALL			
TOTAL CLAIMS			16					RATE		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	ΈE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		· \$			X\$ 9	=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		* \$			X43=			OR	X86=			
ΜÚ	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145	_		OR	+290=			
• If	the difference	in column 1 is	less than ze	ro, ente	"0" in c	olumn 2		TOTA		385	OR	TOTAL			
	CLAIMS AS AMENDED - PART II //(a/b) 7 OTHER THA														
		(Column 1)	· ·	(Colur	nn 2)	(Column 3)	, 1	SMAL	L E		OR	SMALL			
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 13	Minus	** 0	20	= ·		X\$ 9	-		OR	X\$18=	· .		
ME	Independent	. 3	Minus	***	3	= ; '		X43=			OR	X86=	1		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN'	CLAIM		,	+145:	-		OR	+290=	×.		
				٠		j V		TOT	ĀL		OR	TOTAL ADDIT, FEE	71		
	A	(Column 1) (Column 2) (Column 3)							- -		a		The second second second		
AMENDMENT B		CLAIMS	T	HIGH	EST	1		·e		ADDI-			-ADDI-		
		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9	- [OR	X\$18=			
	Independent		Minus	***	5 (2) 4134	-		X43=			OR	X86=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:	=		OR	+290=			
								TOT	AL	rad 579	OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. F	E		9	ADDII. FEE			
	`	CLAIMS	T .	HIGH	IEST		ו ו		7	ADDI-]		ADDI-		
ENTC		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL FEE		
AMENDMENT C	Total	*	Minus	24		=		X\$ 9:	=		OR	X\$18=			
	Independent	*	Minus	***	•.]= '		X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:	_	-	OR	+290=			
• 1	f the entry in colu	ımn 1 is less than t	he entry in colu	ımn 2, writ	e "0" in co	olumn 3.		TOT	AL		OR	TOTAL			
**	If the "Highest Nu	mber Previously P	aid For IN TH	S SPACE	is less that	an 20, enter "20 an 3. enter "3."		ADDIT. F	EE !		A.	ADDIT. FEE			
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Independ	lent) is th	e highest numbe	er fo	und in the	app	oropriate bo	X IN CO	iumn 1.			
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